

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

02 JAN 15 PM 4:58

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Councilman			FIRST David		
	NICKNAME			LAST Garcia		
4 CANDIDATE / OFFICEHOLDER ADDRESS		ADDRESS / PO BOX:		APT / SUITE #		
<input type="checkbox"/> Change of Address		P.O. Box		830006		
		CITY		STATE		
		S.A.		TX		
		78212		ZIP CODE		
5 CAMPAIGN TREASURER NAME	TITLE			FIRST		
	NICKNAME			LAST		
		Venancio			Garcia	
		MI			F	
		SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #		
		283 Lansing Ln.		S.A., TX 78207		
7 CAMPAIGN TREASURER PHONE		AREA CODE		PHONE NUMBER		
		(210)		224-4100		
8 REPORT TYPE		<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		
		<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election		
		<input type="checkbox"/> Runoff		<input type="checkbox"/> Exceeded \$500 limit		
		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		<input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED		Month		Day		
		6/1/01		THROUGH		
		12/31/01				
10 ELECTION		ELECTION DATE		ELECTION TYPE		
		Month		Day		
		/ /		<input type="checkbox"/> Primary		
				<input type="checkbox"/> Runoff		
				<input type="checkbox"/> General		
				<input type="checkbox"/> Special		
11 OFFICE		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
		Councilman, District 5				
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
		Name				
		Address / PO Box: Apt / Suite # City State Zip Code				
<input type="checkbox"/> additional pages						
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

David A Garcia

02 JAN 15 11:45

15 ACCOUNT # (Ethics Commission file)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☒ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

District 5 Committee / Campaign to Keep
for Progress / Councilman David A Garcia

P.O. Box 830006

Venancio F. Garcia

283 Lansing Ln.

SA TX 78207

☐ additional pages17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 16,150

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

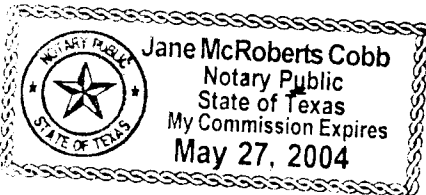
\$ 19,846.93

EXPENDITURE
TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 2,000.00

OUTSTANDING
LOAN TOTALS

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

David A. Garcia
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DAVID A. GARCIA, this the 15th day of JANUARY, 2002, to certify which, witness my hand and seal of office.

Jane McRoberts Cobb
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

02 JAN 15 PM 4:58

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1:	
2 FILER NAME <i>David A. Lianco</i>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>9/16/01</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Theodore McAlister</i>		7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City, State; Zip Code <i>2530 Harry Worchbach S.A., TX 78209</i>					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date <i>9/16/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Dan Markson</i>		Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)	
Contributor address; City, State; Zip Code <i>12550 Biscayne Blvd, Suite 215 N. Miami, FL 33181</i>					
Principal occupation (Optional)			Employer (Optional)		
Date <i>9/16/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Elliot Stone</i>		Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)	
Contributor address; City, State; Zip Code <i>13155 Keystone Terrace N. Miami, FL 33181</i>					
Principal occupation (Optional)			Employer (Optional)		
Date <i>9/16/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Brian Weixner</i>		Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)	
Contributor address; City, State; Zip Code <i>P.O. Box 7608 S.A., TX 78207</i>					
Principal occupation (Optional)			Employer (Optional)		
Date <i>9/16/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Jane Malon</i>		Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)	
Contributor address; City, State; Zip Code <i>300 Convent S.A., TX 78205</i>					
Principal occupation (Optional)			Employer (Optional)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2. FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID# _____)8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/16/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Jimmy Jimenez

6 Contributor address, City, State, Zip Code

4026 Glen Rock SA, TX 78240

7 Amount of contribution (\$)

300⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

9/16/01

Full name of contributor

☐ out-of-state PAC (ID#)

M. Morales

Contributor address, City, State, Zip Code

(Not published)

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9/16/01

Full name of contributor

☐ out-of-state PAC (ID#)

Engineers

Contributor address, City, State, Zip Code

1106 Lavaca, St Austin, TX 78701

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9/16/01

Full name of contributor

☐ out-of-state PAC (ID#)

M. Gonzalez

Contributor address, City, State, Zip Code

(Not published)

Amount of contribution (\$)

700⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9/21/01

Full name of contributor

☐ out-of-state PAC (ID#)

I. Schaefer

Contributor address, City, State, Zip Code

2620 N. New Banks S.A. TX 78217

Amount of contribution (\$)

1,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

02 JUL 15 PM 4:59

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID# _____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address: City: State: Zip Code**10** Principal occupation (optional)**11** Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address: City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address: City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address: City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address: City: State: Zip Code

Principal occupation (optional)

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

02 JAN 15 PM 4:59

The INSTRUCTION Guide explains how to complete this form.

1 Total pages this Schedule A1.

2 FILER NAME

David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/21/01

5 Full name of contributor

M. Lopez

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

300⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

9/21/01

Full name of contributor

Jane McCon

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

300 Convent S.A. TX 78205

Principal occupation (Optional)

Employer (Optional)

Date

9/21/01

Full name of contributor

CIA Morton

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

1919 Oakwell Farms S.A. TX 78218

Principal occupation (Optional)

Employer (Optional)

Date

9/21/01

Full name of contributor

G. Hasselhor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

8520 Crownhill S.A. TX 78209

Principal occupation (Optional)

Employer (Optional)

Date

9/21/01

Full name of contributor

M. Davis

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation (Optional)

Employer (Optional)

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PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

02 JAN 15 2014 59

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID# _____)8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City: State: Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City: State: Zip Code

Principal occupation (optional)

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1.

2 FILER NAME

David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/21/01

5 Full name of contributor

Mr. Morales

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

250⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

(Not published)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

9/21/01

Full name of contributor

G. Hasselbacher

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

8520 Crown Hill
S.A., TX 78209

Principal occupation (Optional)

Employer (Optional)

Date

9/21/01

Full name of contributor

Jimmy Jimenez

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

4026 Glen Rock
S.A., TX 78240

Principal occupation (Optional)

Employer (Optional)

Date

9/21/01

Full name of contributor

Gene Powell

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

1,000⁰⁰

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

1919 Oakwell Farms
S.A., TX 78218

Principal occupation (Optional)

Employer (Optional)

Date

9/21/01

Full name of contributor

David Earl

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

1,000⁰⁰

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

111 Soledad
S.A., TX

Principal occupation (Optional)

Employer (Optional)

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PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ➡ ➡ ➡ ➡ ➡ ➡

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#)8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address:

City: State: Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1.

2 FILER NAME

David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/21/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Wayne

Harwell

6 Contributor address, City, State, Zip Code

225 Vista Robles

S.A, TX

78232

7 Amount of contribution (\$)

1,000⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

9/21/01

Full name of contributor

☐ out-of-state PAC (ID#)

Tom

Gramboi

Contributor address, City, State, Zip Code

Non published

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/19/01

Full name of contributor

☐ out-of-state PAC (ID#)

S.A.

Firefighters PAC.

Contributor address, City, State, Zip Code

S.A, TX

78230

Amount of contribution (\$)

1,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/19/01

Full name of contributor

☐ out-of-state PAC (ID#)

Martin

Garcia

Contributor address, City, State, Zip Code

15454 Tradesman Dr

S.A, TX

78249

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/19/01

Full name of contributor

☐ out-of-state PAC (ID#)

Mark

Middleman

Contributor address, City, State, Zip Code

9914 Timber Lane

S.A, TX

78255

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

02 JUN 15 01:14:59

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#)8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

02 JUN 15 PM 4:59

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

David A. Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/19/01

5 Full name of contributor

Rudolfo Sandoval

☐ out-of-state PAC (ID#)7 Amount of
contribution (\$)250⁰⁰8 In-kind contribution
description (if applicable)

6 Contributor address, City, State, Zip Code

1703 W. Gramercy Pl.
S.A., TX 78201

9 Principal occupation (Optional)

10 Employer (Optional)

Date

11/19/01

Full name of contributor

Oscar Moran

☐ out-of-state PAC (ID#)Amount of
contribution (\$)250⁰⁰In-kind contribution
description (if applicable)

Contributor address, City, State, Zip Code

201 W. Poplar
S.A., TX 78212

Principal occupation (Optional)

Employer (Optional)

Date

11/19/01

Full name of contributor

Oscar Villarreal

☐ out-of-state PAC (ID#)Amount of
contribution (\$)250⁰⁰In-kind contribution
description (if applicable)

Contributor address, City, State, Zip Code

711 Navarre Suite 360
S.A., TX 78205

Principal occupation (Optional)

Employer (Optional)

Date

11/19/01

Full name of contributor

John Cadena

☐ out-of-state PAC (ID#)Amount of
contribution (\$)250⁰⁰In-kind contribution
description (if applicable)

Contributor address, City, State, Zip Code

15454 Tradesman
S.A., TX 78249

Principal occupation (Optional)

Employer (Optional)

Date

11/19/01

Full name of contributor

Anna TUNES

☐ out-of-state PAC (ID#)Amount of
contribution (\$)250⁰⁰In-kind contribution
description (if applicable)

Contributor address, City, State, Zip Code

Loop 410 Suite 116
S.A., TX 78216

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule B1:	
2 FILER NAME				3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒					\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)			8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code					
10 Principal occupation (optional)			11 Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)			Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code					
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)			Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code					
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)			Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code					
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)			Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code					
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)			Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code					
Principal occupation (optional)			Employer (optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

02 JAN 15 PM 4:59

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1.

2 FILER NAME

David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/19/01

5 Full name of contributor

Joe Linson

☐ out-of-state PAC (ID#)

6 Contributor address:

City: State: Zip Code

9407 Points Edge
S.A, TX 782507 Amount of
contribution (\$)2500⁰⁰8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

11/19/01

Full name of contributor

Manuel Escobar

☐ out-of-state PAC (ID#)

Contributor address:

City: State: Zip Code

201 W. Paplar
S.A, TX 78212Amount of
contribution (\$)200⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/19/01

Full name of contributor

Waller Martinez

☐ out-of-state PAC (ID#)

Contributor address:

City: State: Zip Code

2811 Depla St.
S.A, TX 78207Amount of
contribution (\$)125⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/19/01

Full name of contributor

Arnold Flores

☐ out-of-state PAC (ID#)

Contributor address:

City: State: Zip Code

7762 Crooked Rd.
S.A, TX 78250Amount of
contribution (\$)125⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/19/01

Full name of contributor

Frank Burney

☐ out-of-state PAC (ID#)

Contributor address:

City: State: Zip Code

300 Convent St.
S.A, TX 78205Amount of
contribution (\$)250⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

02 JAN 15 11:59

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:**2** FILER NAME**3** ACCOUNT # (Ethics Commission files)**4** TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID# _____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation (optional)**11** Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/19/01

5 Full name of contributor

F.M.

☐ out-of-state PAC (ID#)

Compton

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

17027 Cereza Rojo
S.A. TX 78259

9 Principal occupation (Optional)

10 Employer (Optional)

Date

11/19/01

Full name of contributor

Roy

Mendez

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

100 Shalimar Dr.
S.A. TX 78213

Principal occupation (Optional)

Employer (Optional)

Date

11/19/01

Full name of contributor

Ruben

Silber

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

502 Cumberland
S.A. TX 78204

Principal occupation (Optional)

Employer (Optional)

Date

11/19/01

Full name of contributor

Steven

Gibson

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

338-344 Terminal
S.A. TX 78207

Principal occupation (Optional)

Employer (Optional)

Date

9/16/01

Full name of contributor

Lewis

Terrazas

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

11542 Whisper Breeze S.A. TX 78230

Principal occupation (Optional)

Employer (Optional)

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PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

02 JAN 15 PM 4:59

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

02 JUN 15 PM 4:59

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

David A. Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/16/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Julia Klumppan

6 Contributor address, City, State, Zip Code

P.O. Box 696000 S.A, TX 78269

7 Amount of contribution (\$)

250⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

9/16/01

Full name of contributor

☐ out-of-state PAC (ID#)

LU #142 Cape Fund

Contributor address, City, State, Zip Code

3630 Belgium Ln. S.A. TX 78219

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9/16/01

Full name of contributor

☐ out-of-state PAC (ID#)

AFSCME

Contributor address, City, State, Zip Code

1625 L St N.W. Washington, DC 20036

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9/16/01

Full name of contributor

☐ out-of-state PAC (ID#)

Ralph Hernandez

Contributor address, City, State, Zip Code

1836 Hackberry S.A, TX 78210

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/19/01

Full name of contributor

☐ out-of-state PAC (ID#)

Russell Felan

Contributor address, City, State, Zip Code

2410 W. Commerce S.A, TX 78209

Amount of contribution (\$)

400⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID# _____)8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

02 JAN 15 PM 5:00

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

David A Larru

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

10/10/01

7 Name of lender

☐ out-of-state PAC (ID#

David A Larru

9 Loan Amount (\$)

2,000.00

6 Is lender a financial institution?

Y

(N)

8 Lender address: City, State, Zip Code

283 Lansing La.
S.H. TX 78207

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none

13 GUARANTOR INFORMATION

☐ not applicable

14 Name of guarantor

16 Amount Guaranteed (\$)

15 Guarantor address: City, State, Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address: City, State, Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address: City, State, Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

02 JAN 15 PM 5:00

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount
(\$)**6** Payee address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F.

2 FILER NAME

David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/13/01

5 Payee name

LNB

7 Amount (\$)

12.52

6 Payee address; City; State; Zip Code

P.O. Box 59
Texas 78042

8 Purpose of payment (See instructions regarding type of information required.)

banking fees

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

7/11/01

Payee name

David Garcia

Amount (\$)

5,000⁰⁰

Payee address; City; State; Zip Code

283 Lansing S.A, TX 78207

Purpose of payment (See instructions regarding type of information required.)

re payment

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

8/13/01

Payee name

LNB

Amount (\$)

12.52

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

banking fees

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

7/13/01

Payee name

Office Depot

Amount (\$)

45.82

Payee address; City; State; Zip Code

Alamo Quarry Mkt
S.A, TX 78205

Purpose of payment (See instructions regarding type of information required.)

supplies

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS**SCHEDULE E**

02 JAN 15 PM 5:00

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#**9** Loan Amount (\$)**6** Is lender a
financial institution?

Y

N

8 Lender address: City: State: Zip Code**10** Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address: City: State: Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#

Loan Amount (\$)

Is lender a
financial institution?

Y

N

Lender address City: State: Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address City: State: Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

02 JAN 15 PM 5:00
Total pages Schedule F.

2 FILER NAME

David A Lanza

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/25/01

5 Payee name

Morrison Group

6 Payee address;

City State Zip Code

510 E. Ramsey

S.A TX

78216

7 Amount (\$)

2,000⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

political services

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

7/23/01

Payee name

Lisa Druegemier

Payee address;

City State Zip Code

S.A TX

Amount (\$)

108⁰⁰

Purpose of payment (See instructions regarding type of information required.)

political service.

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

7/1/01

Payee name

Sprint PCS

Payee address;

City State Zip Code

Alamo County Mkt.

S.A TX

78209

Amount (\$)

50⁰⁰

Purpose of payment (See instructions regarding type of information required.)

mobile service.

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

10/12/01

Payee name

LNB

Payee address;

City State Zip Code

Amount (\$)

12 50

Purpose of payment (See instructions regarding type of information required.)

banking fee.

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E.

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address: City: State: Zip Code

10 Interest rate

Y

N

11 Maturity date

12 Description of Collateral

☐ none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address: City: State: Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#

Loan Amount (\$)

Is lender a financial institution?

Lender address: City: State: Zip Code

Interest rate

Y

N

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address: City: State: Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F.

2 FILER NAME

David A Larrig

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/31/01

5 Payee name

Bexar County Clerk

6 Payee address: City, State, Zip Code

300 Doloresa

S.A, TX

78205

7 Amount (\$)

55.80

8 Purpose of payment (See instructions regarding type of information required.)

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

7/16/01

Payee name

Charlie Pena

Payee address: City, State, Zip Code

107 Wallace
S.A, TX

78237

Amount (\$)

600⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Services

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

9/14/01

Payee name

La Prensa

Payee address: City, State, Zip Code

S. Flores St.

S.A, TX

78205

Amount (\$)

160⁰⁰

Purpose of payment (See instructions regarding type of information required.)

advertisement

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

9/17/01

Payee name

St. Vincent De Paul Society

Payee address: City, State, Zip Code

10040 Espada Rd

S.A, TX

7820514

Amount (\$)

175⁰⁰

Purpose of payment (See instructions regarding type of information required.)

advertisement

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address:

City:

State:

Zip Code

10 Interest rate

Y

N

11 Maturity date

12 Description of Collateral

☐ none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address:

City:

State:

Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#

Loan Amount (\$)

Is lender a financial institution?

Lender address

City:

State:

Zip Code

Interest rate

Y

N

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address

City:

State:

Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES			SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule F.
2 FILER NAME <i>David A Garcia</i>			3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9/25/01</i>	5 Payee name <i>Paesano's</i>	7 Amount (\$) <i>107.51</i>	
6 Payee address; City, State, Zip Code <i>555 E. Busse S.A. TX 78209</i>		8 Purpose of payment (See instructions regarding type of information required.) <i>campaign meeting</i>	
9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held			
Date <i>9/26/01</i>	Payee name <i>Paesano's</i>	Amount (\$) <i>170.00</i>	
Payee address; City, State, Zip Code <i>555 E. Busse S.A. TX 78209</i>		8 Purpose of payment (See instructions regarding type of information required.) <i>campaign meeting</i>	
9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held			
Date <i>9/24/01</i>	Payee name <i>David Garcia</i>	Amount (\$) <i>1,000.00</i>	
Payee address; City, State, Zip Code <i>283 Lausier, Cu S.A. TX 78207</i>		8 Purpose of payment (See instructions regarding type of information required.) <i>reimbursement</i>	
9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held			
Date <i>9/28/01</i>	Payee name <i>Charlie Pena</i>	Amount (\$) <i>3,000.00</i>	
Payee address; City, State, Zip Code <i>107 Wallace S.A. TX 78237</i>		8 Purpose of payment (See instructions regarding type of information required.) <i>services</i>	
9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

LOANS

SCHEDULE E

02 JAN 15 PM 5:00

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a financial institution?
Y N

8 Lender address: City: State: Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address: City: State: Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address City: State: Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address City: State: Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/29/01

5 Payee name

Ruth's Chns

6 Payee address; City, State, Zip Code

S. A. TX

7 Amount (\$)

300⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

campaign contribution

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

7/31/01

Payee name

Avenida Guadalupe Assoc.

Payee address; City, State, Zip Code

Amount (\$)

25⁰⁰

Purpose of payment (See instructions regarding type of information required.)

contribution

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

7/31/01

Payee name

Lanier H.S.

Payee address; City, State, Zip Code

Amount (\$)

200⁰⁰

Purpose of payment (See instructions regarding type of information required.)

adv.

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

11/29/01

Payee name

Postmaster General

Payee address; City, State, Zip Code

Amount (\$)

1,171.45

Purpose of payment (See instructions regarding type of information required.)

postage

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS**SCHEDULE E**

02 JUN 15 PM 5:00

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME**3** ACCOUNT # (Ethics Commission files)**4**

TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID# _____)**9** Loan Amount (\$)**6** Is lender a
financial institution?

Y N

8 Lender address:

City:

State:

Zip Code

10 Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address:

City:

State:

Zip Code

17 Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a
financial institution?

Y N

Lender address

City:

State:

Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none**GUARANTOR
INFORMATION**

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address:

City:

State:

Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

02 JAN 15 PM 5:00 1 Total pages Schedule F:

2 FILER NAME

David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/15/01

5 Payee name

William C. Velasquez Institute

6 Payee address; City; State; Zip Code

7 Amount (\$)

200.00

8 Purpose of payment (See instructions regarding type of information required.)

sessions

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

8/19/01

Payee name

Office Depot

Payee address; City; State; Zip Code

Amount (\$)

92.61

Purpose of payment (See instructions regarding type of information required.)

supplies

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11/29/01

Payee name

Postmaster General

Payee address; City; State; Zip Code

Amount (\$)

987.53

Purpose of payment (See instructions regarding type of information required.)

postage

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/1/01

Payee name

David Garcia

Payee address; City; State; Zip Code

285 Lansing Ln.

78207

Amount (\$)

2,000.00

Purpose of payment (See instructions regarding type of information required.)

reimb.

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/27/01

5 Payee name

Ruths Chris

6 Payee address:

City: State: Zip Code

7

Amount
(\$)

800 w-

8 Purpose of payment (See instructions regarding type of information required.)

Campaign function

9

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

9/13/01

Payee name

LNB

Payee address:

City: State: Zip Code

Amount
(\$)

12.50

Purpose of payment (See instructions regarding type of information required.)

banking fees

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

10/15/01

Payee name

Travis Wholesale

Payee address:

City: State: Zip Code

Amount
(\$)

70.12

Purpose of payment (See instructions regarding type of information required.)

flower contrib.

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

10/16/01

Payee name

Comp USA

Payee address:

City: State: Zip Code

Amount
(\$)

268.81

Purpose of payment (See instructions regarding type of information required.)

computer necessities

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

David A Garza

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/5/01

5 Payee name

La Cantiveri

6 Payee address:

City: State: Zip Code

S.A., TX

7 Amount (\$)

270⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

services

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11/4/01

Payee name

Carrabba's

Payee address:

City: State: Zip Code

Amount (\$)

184⁰⁰

Purpose of payment (See instructions regarding type of information required.)

camp. meeting

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11/7/01

Payee name

Office Max

Payee address:

City: State: Zip Code

S.A., TX

Amount (\$)

29.⁶²

Purpose of payment (See instructions regarding type of information required.)

supplies

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11/5/01

Payee name

Ritz

Payee address:

City: State: Zip Code

Amount (\$)

59.⁶⁷

Purpose of payment (See instructions regarding type of information required.)

services

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME

David A Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/29/01

5 Payee name

Minuteman Press

6 Payee address; City, State, Zip Code

7 Amount (\$)

315.99

8 Purpose of payment (See instructions regarding type of information required.)

printing

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/5/01

Payee name

Telathon Naudeno

Payee address; City, State, Zip Code

Amount (\$)

250.00

Purpose of payment (See instructions regarding type of information required.)

contribution

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/11/01

Payee name

Palm Hts Neighborhood Assoc.

Payee address; City, State, Zip Code

Amount (\$)

100.00

S.A. TV

Purpose of payment (See instructions regarding type of information required.)

contribution

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City, State, Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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